

REQUIREMENTS & INSTRUCTIONS - NATUROPATH

Access this form via website at: www.hawaii.gov/dcca/pvl

APPLICATION FORM

Complete the application by typing or printing **legibly** in dark ink. Sign application and attach the required documents and fees. Only "complete" applications are considered by the Board. An application is considered complete only after all documents are received. Failure to provide all the requested information will delay the processing of your application.

Applicants are subject to requirements in effect at the time of filing.

EDUCATION REQUIREMENT

You **must** be a graduate of a school, university or college of naturopathy which has been accredited by or received candidacy status with a regional or national accrediting agency recognized by the U.S. DOE at the time of the applicant's graduation; provided that an applicant who graduated prior to 1987 shall be deemed qualified if the college was approved by the Board prior to 1987 and has been accredited by a regional or national accrediting body recognized by the U.S. DOE.

EXAMINATION REQUIREMENT

You are required to take and pass* the following examinations:

1. All parts of the clinical examination series of the Naturopathic Physicians Licensing Examination (NPLEX); **AND**
2. Examination on homeopathy.

* Passing score must be a converted score of seventy-five on each part of the clinical examination series of the NPLEX examination and on the examination on Homeopathy.

DOCUMENTS REQUIRED

1. **ATTACH** one of the following to verify your education:
 - a. A certified copy of your diploma; OR
 - b. A certified copy of your certificate of graduation; OR
 - c. An official transcript (with school seal and authorized signature).
2. **Contact** the North American Board of Naturopathic Examiners (NABNE) to have the **original** test results verifying your passing scores sent **directly** to the board.

(The address for NABNE may be found under "EXAMINATION")

EXAMINATION

For information regarding the NPLEX examination (including filing deadlines and fees), please contact the North American Board of Naturopathic Physicians (NABNE) directly at:

North American Board of Naturopathic
Examiners (NABNE) #321
9220 S W Barbur Blvd., Suite 119
Portland, OR 97219

Phone: (503) 778-7990 or visit their website at: www.nabne.org

FEES

Make check payable to: Commerce & Consumer Affairs.

If license is issued in an even-numbered year, pay \$285

(Application - \$25 + License - \$50 + Compliance
Resolution Fund - \$110 + ½ Renewal Fee - \$100)

If license is issued in an odd-numbered year, pay \$130

(Application - \$25 + License - \$50 + Compliance Resolution Fund - \$55)

NOTE: One of the numerous legal requirements that you must meet in order for your new license to issue is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

**BOARD'S
ADDRESS**

Mail all required items to:

Board of Examiners in Naturopathy
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

OR

Deliver to office location at:
335 Merchant Street, Room 301
Honolulu, HI 96813
Phone: (808) 586-3000

LAW & RULES

A copy of the Board's law, Chapter 455, Hawaii Revised Statutes and rules, Chapter 88, Hawaii Administrative Rules are available by submitting a written request to: Board of Examiners in Naturopathy, *Commerce & Consumer Affairs, P. O. Box 3469, Honolulu, HI 96801*. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapters 455 and 88.

The laws and rules are also posted on our website free of charge at: www.hawaii.gov/dcca/pvl. Click on "Naturopathy."

The law and rules must be read before completing and signing the application.

**BIENNIAL
REGISTRATION**

All licenses, regardless of issuance date, **must be renewed by December 31 of each ODD-NUMBERED year**. Failure to do so would mean forfeiture of the license.

To ensure receipt of the renewal application, which is mailed about 45 days prior to the license expiration date, keep the Board's office informed of your current mailing address.

**ABANDONMENT
OF
APPLICATION**

Your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years; provided that the failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit the required documents and other information requested by the licensing authority within two consecutive years from the last date the documents and other information were requested, or (2) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process, including attempting to complete the examination requirement.

APPLICATION FOR EXAM & LICENSE – NATUROPATH

Before completing this form, read the information and instructions for filing.

Name (First-Middle)	LAST
Residence Address (Include Apt. No., City, State & Zip Code)	
Mailing Address (ONLY If different from residence)	
Social Security No.	Phone No. (Days)
Other Names Used (include maiden name):	

FOR BOARD USE ONLY

Approved	Denied
Initials/date:	
License No. ND -	Effective Date

EDUCATION	Name of school of naturopathy:	Complete Address of School	Dates Attended		Date Graduated	
			From	To	Month	Year
	1. Is a certified copy of your diploma or official transcript attached?YES NO					
	2. At the date of graduation noted above, was the school "Accredited" by or granted Candidacy status with a regional or national accrediting agency recognized by the U.S. DOE? Accredited Candidate					
EXAM	Provide the date you requested your original test results verifying your passing scores from the NABNE:					

Circle or underline answers.

- 1) Are you at least 18 years of age?YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States?YES NO
- 3) Has any license ever been suspended, revoked or otherwise subject to disciplinary action?YES NO
- 4) Are there any disciplinary actions pending against you?YES NO
- 5) In the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged?YES NO

Explain any "yes" response on a separate sheet, providing date, place, and type of conviction and/or disciplinary action. Attach pertinent court documentation or Board's Final Orders.

Affidavit of Applicant:

I, certify that the answers and statements contained in this application are true and correct. Further, I certify that I have read and will abide by Chapter 455, Hawaii Revised Statutes, and Chapter 16-88, rules of the Board of Examiners in Naturopathy. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license (Section 710-1017, Hawaii Revised Statutes.)

Date

Signature of Applicant

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

App	424.....	\$ 25
Lic	426.....	\$ 50
CRF	427.....	\$ 55/110
½ Renewal	420.....	\$ 100
Service Fee.....	BCF	\$ 15